



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/655,743	<b>FILING DATE</b> 09/06/2000 <b>RULE</b> -	<b>CLASS</b> 473	<b>GROUP ART UNIT</b> 3711	<b>ATTORNEY DOCKET NO.</b> MPH 99-46
<b>APPLICANTS</b> Alice H. Howe, La Crescent, MN ;				
<b>** CONTINUING DATA *****</b> <i>no</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>no</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/20/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after met Allowance <i>no</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 15 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> M Paul Hendrickson 403 Main Street P O Box 508 Holmen, WI 54636-0508				
<b>TITLE</b> Tennis racquet equipped with a tennis ball retriever				
<b>FILING FEE RECEIVED</b> 345	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit				

10/20/00



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## \*BIBDATASHEET\*

CONFIRMATION NO. 9068

Bib Data Sheet

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## APPLICANTS

Alice H. Howe, La Crescent, MN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/20/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MN	6	15	2
Examiner's Signature _____ Initials _____				

## ADDRESS

M Paul Hendrickson  
403 Main Street  
P O Box 508  
Holmen, WI  
54636-0508

## TITLE

Tennis racquet equipped with a tennis ball retriever

FILING FEE  RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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